MEDICINE TODAY

Current comment on medical progress, discussion of selected topics from recent books or periodic literature, by contributing members. Every member of the California Medical Association is invited to submit discussion suitable for publication in this department. No discussion should be over five hundred words in length.

Medicine

Neurocirculatory Asthenia.—With the passing of the World War, there passed from the literature reference to a confusing clinical syndrome, neurocirculatory asthenia. First referred to by Da Costa during the Civil War, it was later recognized by others. During the past war it was also much spoken of. Lewis stated that of about seventy thousand soldiers returned to British hospitals for cardiac insufficiency, approximately 10 per cent had structural heart disease. Though fashionable in the war-time literature only, this condition is important at all times, being not solely a soldiers' ailment. Present in the civil population also, male and female, its great importance lies, not in itself, but in that it gives a peculiar picture, the main symptomatology of which is cardiac, and so leads to erroneous cardiac diagnoses. The type of patient concerned is one, usually, to which such a diagnosis spells disaster—the depressed, blue, melancholic, introspective type.

The condition is variously named neurocirculatory asthenia, from the generally apparent pathology; irritable heart, from the most pronounced symptoms; and effort syndrome, from the immediate, in contradistinction to the ultimate, etiology. Present in the second and third decades, occasionally in the fourth, with no particular predominance in male or female, it is common in the tall, thin, visceroptotic type, those who have cold hands and feet, those who perspire readily, flush and pale noticeably, have attacks of dizziness, palpitation, and even apparent dyspnea, this latter usually taking the form of sighing. They tire easily, complain often of precordial and other vague pains of variable nature and shifting distribution, and of insomnia. They are often introspective and depressed. Gastro-intestinal disturbances occur, usually constipation, atonic or spastic, an easily upset stomach with nausea, and, less commonly, vomiting. The temperature is often erratic.

Physical examination shows little; perhaps palpitation and a slightly increased temperature. The general impression is that of the type of constitutional inferior. Laboratory work may be negative; slight anemia is not infrequent. The blood pressure may be low, but is usually normal. There being all grades of severity of the disturbance, the symptoms must also vary.

Many do not present the typical physical picture or symptomatology because of a difference in etiology. In the typical case the etiology is probably endocrine. Focal infection is, however, not an uncommon etiologic factor. In such cases, we see, not the typical picture presented above, but only the disturbances which brought the condition to attention, the palpitation, with perhaps atypical precordial pains, and easy fatigue. There may more frequently in this type be secondary anemia and pallor, but not flushing. Another etiology becoming more frequent daily is that of industrial poisoning, perhaps most commonly benzene, lead, and carbon monoxid. Lack of recreation is also a factor.

Many consider this condition to be the incipient stage of exophthalmic goiter, and, while the resemblance is striking, the proof is lacking. Of course, in the non-endocrine cases this is not to be considered. However, in differential diagnosis one should always rule out exophthalmic goiter and tuberculosis.

Therapeutically, little can be said in regard to the typical case, the constitutional inferior, although the following may be tried, often with benefit: the judicious use of sedatives and stimulants; the care of anemia, if present; cold baths, salt rubs, the cold affusion, physical therapy, exercise, the use of abdominal supports where indicated, proper selection of occupation and avocation, general hygiene, endocrine therapy, and even psychotherapy. Focal infections should be eliminated. In cases due to industrial poisoning, and in those due to lack of recreation, the remedies are obvious.

But, remembering the mental condition of the patient, the avoidance of an erroneous diagnosis of cardiac disease is most important. This may require extensive observation, but it should usually be possible to make a decision more or less immediately. The past history is important. The cardiac examination is usually negative except for palpitation; and during the time of life that the effort syndrome appears, the cardiac disturbances such as angina pectoris, coronary thrombosis, etc., which show an apparently normal heart on physical examination, are quite uncommon.

In any case presenting cardiac symptoms the effort syndrome should be kept in mind.

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Medicine

Treatment of Anaërobic Toxemia in Bowel Obstruction and Peritonitis.—In the discussion of toxemia resulting from organic bowel obstruction or peritonitis, the early diagnosis and early surgical intervention must always be stressed. As long as the patient fails to call a physician early or is treated by a physician who does not recognize the early symptoms indicative of the above conditions, late intervention will continue to result in a mortality of 25 to 50 per cent.